

Application Data Sheet

Application Information

Application number::	Unassigned
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Distance-learning system with dynamically constructed menu that includes embedded applications
Attorney Docket Number::	06030.00003
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	2
Total Drawing Sheets::	7
Small Entity?::	YES
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Scott
Middle Name::
Family Name:: Gray
Name Suffix::
City of Residence:: Urbana
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 1501 Raintree Woods
City of mailing address:: Urbana
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 61802

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Patrick
Middle Name::
Family Name:: Flanigan
Name Suffix::
City of Residence:: Champaign
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 308 North Prairie Street, Apt. 206

City of mailing address:: Champaign
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 61820

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kendell
Middle Name::
Family Name:: Welch
Name Suffix::

City of Residence:: Champaign
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 312 West Springfield Avenue, Apt. 3

City of mailing address:: Champaign
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 61820

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	UserActive
Street of mailing address::	P.O. Box 2305
City of mailing address::	Champaign
State or Province of mailing address::	IL
Country of mailing address::	US
Postal or Zip Code of mailing address::	61825